

DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT OR CIP APPLICATION)

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ENDOTHELIAL CELL GROWTH FACTOR, METHODS OF ISOLATION AND EXPRESSION

the specification of which (complete (a), (b) or (c) for type of application)

REGULAR OR DESIGN APPLICATION

- (a) ☒ is attached hereto
 (b) ☒ was filed on June 1, 1989 as Application Serial No 360,235 and was amended on

PCT FILED APPLICATION ENTERING NATIONAL STAGE

- (c) ☐ was described and claimed in International Application No filed on and as amended on

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56 (a).

- ☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
 (e) ☐ such applications have been filed as follows

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

Country	Application No	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES NO <input type="checkbox"/>
				<input type="checkbox"/> YES NO <input type="checkbox"/>
				<input type="checkbox"/> YES NO <input type="checkbox"/>

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

0925770-081401

IF
 3-27-

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REGULAR OR DESIGN APPLICATION

3/13/90
D6(a) ☒ is attached hereto.

(b) ☒ was filed on JUNE 1, 1989 as Application Serial No 340,235
 and was amended on _____

PCT FILED APPLICATION ENTERING NATIONAL STAGE

(c) ☐ was described and claimed in International Application No _____ filed on _____ and as amended on _____

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				<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

09929720-02262660

CONTINUATION-IN-PART

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>328,181</u>	<u>March 24, 1989</u>	<u>Pending</u>
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
<u>346,165</u>	<u>May 2, 1989</u>	<u>Pending</u>
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint HOWARD M. PETERS
 Patent and Trademark Office Reg. No. 29,202, and each member of the firm of
 Phillips, Moore, Lempio and Finley, all of the address listed below, my principal attorney and agents,
 with full power of substitution and revocation, to appoint other principal and associate attorneys, to
 prosecute this application, and to transact all business in the Patent and Trademark Office connected
 therewith

SEND CORRESPONDENCE TO:

PHILLIPS, MOORE, LEMPION & FINLEY
 177 Post Street, Suite 800
 San Francisco, California 94108
 Telephone: (415) 421-2674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Full name of sole or first inventor Napoleone Ferrara
 Inventor's signature *Napoleone Ferrara*
 Date 7-7-90 Country of Citizenship Italy
 Residence 2 Britton Avenue, P. O. Box 619
 Post Office Address Belvedere, California 94920

Full name of second joint inventor, if any Denis Gospodarowicz
 Inventor's signature _____
 Date _____ Country of Citizenship France and U.S.A.
 Residence 215 Maywood Drive
 Post Office Address San Francisco, California 94127

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS
 DECLARATION

- ☒ Signature for third and subsequent joint inventors Number of pages added 1
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

0262550

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J P 04/04/199

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				<input type="checkbox"/> YES NO <input type="checkbox"/>

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION

0992970-081401

CONTINUATION-IN-PART

(complete this part only if this is a continuation-in-part application)

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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint _____, Patent and Trademark Office Reg. No. _____, and each member of the firm of Phillips, Moore, Lempio and Finley, all of the address listed below, my principal attorney and agents, with full power of substitution and revocation, to appoint other principal and associate attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO:

PHILLIPS, MOORE, LEMPION & FINLEY
177 Post Street, Suite 800
San Francisco, California 94108
Telephone: (415) 421-2674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Full name of ~~second~~ ^{third} inventor Jean Plouet
Inventor's signature J. P.
Date 04/04/1990 Country of Citizenship France
Residence 2121 - 15th Avenue
Post Office Address San Francisco, California 94116

PRESENTLY RESIDING AT:
Full name of second ~~inventor~~ ^{inventor} any
Inventor's signature J. P.
Date 04/04/1990 Country of Citizenship FRANCE
Residence 3 RUE DES LILAS
Post Office Address 75019 PARIS

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS
DECLARATION

- page in behalf of nonsigning inventor Denis Gospodarowicz
- ☒ Signature for ~~third and subsequent inventors~~ Number of pages added 1
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

09923770 084404

CONTINUATION-IN-PART

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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint HOWARD M. PETERS, Patent and Trademark Office Reg. No. 29,202, and each member of the firm of Phillips, Moore, Lempio and Finley, all of the address listed below, my principal attorney and agents, with full power of substitution and revocation, to appoint other principal and associate attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

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San Francisco, California 94108
Telephone: (415) 421-2674

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Full name of sole or first inventor Napoleone Ferrara
Inventor's signature _____
Date _____ Country of Citizenship Italy
Residence 2 Britton Avenue, P. O. Box 619
Post Office Address Belvedere, California 94920

Full name of second joint inventor, if any Denis Gospodarowicz
Inventor's signature [Signature]
Date 3/13/90 Country of Citizenship France and U.S.A.
Residence 215 Maywood Drive
Post Office Address San Francisco, California 94127

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

- ☒ Signature for third and subsequent joint inventors. Number of pages added 1
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR
SIGNATURE BY ONE JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S)
WHO REFUSES TO SIGN OR CANNOT BE REACHED
[37 C.F.R. 1.47(a)]

I. I am an above named joint inventor and have signed this
declaration on my own behalf and also sign this declaration under
37 C.F.R. 1.47(a) on behalf of the omitted joint inventor,
particulars for whom are:

Full Name of DENIS GOSPODAROWICZ, omitted inventor who refuses to
sign.

Country of Citizenship of omitted inventor: France and United
States of America.

Last known address of omitted inventor:

Home Address:
Denis Gospodarowicz
215 Maynard Drive
San Francisco, California 94127

Employment Address:
Dr. Denis Gospodarowicz
Department of Medicine
Cancer Research Institute M 1282
Sciences Building, Room 1179
University of California 94143

II. Accompanying this declaration is:

(1) A DECLARATION OF FACTS IN SUPPORT OF FILING ON BEHALF
OF OMITTED INVENTOR

(2) THE PETITION FEE OF \$120.00 [37 C.F.R. 1.17(h)], if
needed. Authorization is made to charge or credit
Deposit Account No. 16-1560.

Date:

04/04/1990

J. Plouet
Jean Plouet

00929770-001401

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR
SIGNATURE BY ONE JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S)
WHO REFUSES TO SIGN OR CANNOT BE REACHED
[37 C.F.R. 1.47(a)]

I. I am an above named joint inventor and have signed this
declaration on my own behalf and also sign this declaration under
37 C.F.R. 1.47(a) on behalf of the omitted joint inventor,
particulars for whom are:

Full Name of DENIS GOSPODAROWICZ, omitted inventor who refuses to
sign.

Country of Citizenship of omitted inventor: France and United
States of America.

Last known address of omitted inventor:

Home Address:
Denis Gospodarowicz
215 Maynard Drive
San Francisco, California 94127

Employment Address:
Dr. Denis Gospodarowicz
Department of Medicine
Cancer Research Institute M 1282
Sciences Building, Room 1179
University of California 94143

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Date:

04/04/1990

J. Plouet

095270 0262660